

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1135
Registered No. 509

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami - Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Norman Chesley Kempton { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Nov 2 1929
Month Day Year

8. FATHER Full name Lawrence Chesley Kempton 14. MOTHER Full maiden name Ada Maherry

9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 29 (Years) 16. Color or race white 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Eden 18. Birthplace (city or place) Provo
(State or country) Arizona (State or country) Utah

13. Occupation Plumber 19. Occupation Housewife
Nature of industry Copper mine Nature of industry _____

20. Number of children of this mother 2 (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:30 P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature J. J. Miller M.D.
(Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____ Filed Nov 12 1929 Registrar G. E. Jones

525-1102-146